

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
FILED NOV 19 1962

1003

10522

-62-040155

62-040155

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN Shrewsbury | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital | | d. STREET ADDRESS (If outside, give location) 5125 Michael | |
| 3. NAME OF DECEASED (Type or print) First ROBERT Middle L. Last DOHRENDORF | | 4. DATE OF DEATH Month Nov. Day 2 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-7-1898 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Dun & Bradstreet | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. | |
| 13a. FATHER'S NAME William Dohrendorf | | 13b. MOTHER'S MAIDEN NAME Ida Simmons | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | | 17. INFORMANT Thelma Dohrendorf | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Adenocarcinoma of the colon DUE TO (c) 153.8 | | INTERVAL BETWEEN ONSET AND DEATH 6 months 3 yrs. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 12-13-61 Month, Day, Year 11-2-62 | | 20f. CITY, TOWN, OR LOCATION St. Louis Co. Mo. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from 12-13-61 to 11-2-62 and last saw her/him alive on 11-1-62 | | Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. | | 22b. ADDRESS 634 N. Grand Blvd. | |
| 22c. DATE SIGNED 11-2-62 | | 23a. BURLIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE Nov. 5, 1962 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Co. Mo. | | 23e. DATE RECD. BY LOCAL REG. NOV 2 1962 | |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd. | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D. | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.